



COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR



KENNETH HAHN HALL OF ADMINISTRATION
500 WEST TEMPLE STREET, ROOM 437
LOS ANGELES, CALIFORNIA 90012

MARK J. SALADINO
TREASURER AND TAX COLLECTOR

May 6, 2004

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, CA 90012

Dear Supervisors:

**REQUEST TO ACCEPT COMPROMISE OFFER OF SETTLEMENT
(ALL DISTRICTS AFFECTED - 3 VOTES)**

IT IS RECOMMENDED THAT YOUR BOARD:

Pursuant to Section 1473 of the Health and Safety Code, authorize acceptance of the compromise offers of settlement from the following individuals who were injured in a third party compensatory accident and who received medical care at a County facility:

Lyudmila Arakelyan, in amount of \$4,100
Luis Bernal, in amount of \$4,697.18
Sonia Y. Dupree, in amount of \$4,830
Guillermina Guerrero, in amount of \$4,134
Sabrina M. Lamour, in amount of \$4,707.40
Keum S. Park, in amount of \$5,000
Vincent K. Racanelli, in amount of \$24,904
Alex Zeldon, in amount of \$2,087.17

JUSTIFICATION:

The best interest of the County would be served by the approval of this recommendation and the County Counsel concurs.

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COUNTY OF LOS ANGELES
BOARD OF SUPERVISORS

FILED

The Honorable Board of Supervisors
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PURPOSE OF RECOMMENDED ACTION:

The compromise offers of settlement are recommended because the patients, estates, or legally responsible relatives are unable to pay the charges.


Implementation of Strategic Plan Goals:

This action is consistent with the Countywide Strategic Plan Goal of Fiscal Responsibility in pursuing collection of charges owed for County services.

FISCAL IMPACT:

The County will recover partial payment from a third party against debts, otherwise uncollectible due to the limited financial resources of the individuals who received the medical care.

Respectfully submitted,



MARK J. SALADINO
Treasurer and Tax Collector

MJS:DA:efh
e:Comp.63

Attachments

c: Chief Administrative Officer
County Counsel

APPROVED AS TO FORM

OFFICE OF THE COUNTY COUNSEL

by 
Principal Deputy County Counsel

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 63A
DATE: May 6, 2004

Amount of Aid	\$24,328.00	Account Number	10753866
Amount Paid	.00	Name	Arakelyan, Lyudmila
Balance Due	24,328.00	Service Date	04/21/03 to 04/24/03
Compromise Amount Offered	4,100.00	Facility	LAC USC Medical Center
Amount to be Written Off	\$20,228.00	Service Type	Inpatient

JUSTIFICATION

Ms. Arakelyan was involved in an automobile versus automobile accident. She was treated at LAC USC Medical Center at a cost of \$24,328.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 5,000.00	\$ 5,000.00	33.33%
Dr. Missak Ekmekdjian	5,325.00	900.00	6.00%
County of Los Angeles	24,328.00	4,100.00	27.34%
Net to Client	N/A	5,000.00	33.33%
Total	\$34,653.00	\$15,000.00	100.00%

Our financial investigation reveals that Ms. Arakelyan receives Social Security Benefits. She has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
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TRANSMITTAL NO. 63B
DATE: May 6, 2004

Amount of Aid	\$86,947.00	Account Number	10807729
Amount Paid	.00	Name	Bernal, Luis
Balance Due	86,947.00	Service Date	08/23/03 to 12/12/03
Compromise Amount Offered	4,697.18	Facility	LAC USC Medical Center.
Amount to be Written Off	\$82,249.82	Service Type	Inpatient/Outpatient

JUSTIFICATION

Mr. Bernal was involved in an automobile versus automobile accident. He was treated at LAC USC Medical Center at a cost of \$86,947.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 4,996.00	\$ 4,996.00	33.30%
Attorney Cost	10.00	10.00	.06%
American Medical Response	449.75	29.68	.19%
CHIP Radiology	346.10	15.80	.10%
CHIP Emergency	200.00	10.49	.06%
Gardena Hospital	4,436.12	243.85	1.62%
County of Los Angeles	86,947.00	4,697.18	31.36%
Net to Client	N/A	4,997.00	33.31%
Total	\$97,384.97	\$15,000.00	100.00%

Our financial investigation reveals that Mr. Bernal is disabled and moved back to Mexico to receive support from relatives. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 63C
DATE: May 6, 2004

Amount of Aid	\$408,329.00	Account Number	10734016
Amount Paid	349,024.00	Name	Dupree, Sonia Y.
Balance Due	59,305.00	Service Date	09/17/02 to 02/14/03
Compromise Amount Offered	4,830.00	Facility	Harbor UCLA Medical Ctr.
Amount to be Written Off	\$ 54,475.00	Service Type	Inpatient/Outpatient

JUSTIFICATION

Ms. Dupree was involved in an automobile versus automobile accident. She was treated at Harbor UCLA Medical Center at a cost of \$408,329.00. Private insurance covered the amount of \$349,024.00. There is no Medi-Cal involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 4,950.00	\$ 4,950.00	33.00%
Attorney Cost	510.00	510.00	3.40%
County of Los Angeles	59,305.00	4,830.00	32.20%
Net to Client	N/A	4,710.00	31.40%
Total	\$64,765.00	\$15,000.00	100.00%

Our financial investigation reveals that Ms. Dupree is employed and supports herself with a marginal income. She has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
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TRANSMITTAL NO. 63D
DATE: May 6, 2004

Amount of Aid	\$247,312.00	Account Number	10683883
Amount Paid	.00	Name	Guerrero, Guillermina
Balance Due	247,312.00	Service Date	09/09/02 to 10/09/02
Compromise Amount Offered	4,134.00	Facility	LAC USC Medical Center
Amount to be Written Off	\$243,178.00	Service Type	Inpatient

JUSTIFICATION

Ms. Guerrero was involved in an automobile versus automobile accident. She was treated at LAC USC Medical Center at a cost of \$247,312.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 6,000.00	\$ 6,000.00	40.00%
Attorney Cost	967.50	967.50	6.45%
Pacifica Hospital	32,457.47	324.57	2.16%
County of Los Angeles	247,312.00	4,134.00	27.57%
Net to Client	N/A	3,573.93	23.82%
Total	\$286,736.97	\$15,000.00	100.00%

Our financial investigation reveals that Ms. Guerrero is unemployed and receives support from relatives. She has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
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TRANSMITTAL NO. 63E
DATE: May 6, 2004

Amount of Aid	\$47,074.00	Account Number	10741023
Amount Paid	.00	Name	Lamour, Sabrina M.
Balance Due	47,074.00	Service Date	02/23/02 to 05/28/03
Compromise Amount Offered	4,707.40	Facility	LAC USC Medical Center
Amount to be Written Off	\$42,366.60	Service Type	Inpatient/Outpatient

JUSTIFICATION

Ms. Lamour was involved in an automobile versus automobile accident. She was treated at LAC USC Medical Center at a cost of \$47,074.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 6,000.00	\$ 6,000.00	40.00%
Attorney Cost	1,430.62	1,430.62	9.54%
County of Los Angeles	47,074.00	4,707.40	31.38%
Net to Client	N/A	2,861.98	19.08%
Total	\$54,504.62	\$15,000.00	100.00%

Our financial investigation reveals that Ms. Lamour is unemployed and receives support from friends. She has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
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TRANSMITTAL NO. 63F
DATE: May 6, 2004

Amount of Aid	\$117,084.00	Account Number	10683906
Amount Paid	.00	Name	Park, Keum S.
Balance Due	117,084.00	Service Date	09/06/02 to 09/27/02
Compromise Amount Offered	5,000.00	Facility	LAC USC Medical Ctr.
Amount to be Written Off	\$112,084.00	Service Type	Inpatient/Outpatient

JUSTIFICATION

Mr. Park was involved in an automobile versus automobile accident. He was treated at LAC USC Medical Center at a cost of \$117,084.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 5,000.00	\$ 5,000.00	33.33%
Attorney Cost	480.00	waived	.00%
County of Los Angeles	117,084.00	5,000.00	33.33%
Net to Client	N/A	5,000.00	33.34%
Total	\$122,564.00	\$15,000.00	100.00%

Our financial investigation reveals that Mr. Park is unemployed and is receiving State Disability benefits. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
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TRANSMITTAL NO. 63G
DATE: May 6, 2004

Amount of Aid	\$69,946.00	Account Number	10660774
Amount Paid	.00	Name	Racanelli, Vincent K.
Balance Due	69,946.00	Service Date	01/07/02 to 08/13/02
Compromise Amount Offered	24,904.00	Facility	Harbor UCLA Medical Ctr. & Olive View Medical Ctr.
Amount to be Written Off	\$45,042.00	Service Type	Inpatient/Outpatient

JUSTIFICATION

Mr. Racanelli was involved in an automobile versus automobile accident. He was treated at Harbor UCLA Medical Center and Olive View Medical Center at a cost of \$69,946.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$90,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 36,000.00	\$30,000.00	33.33%
Attorney Cost	6,187.01	6,187.01	6.87%
Kay Health Medical Group	200.00	125.00	.13%
Aligned Health Center	5,295.00	4,500.00	5.00%
DYN. Diagn. Imaging Center	2,200.00	1,600.00	1.77%
Jeffrey Korchek, M.D.	725.00	725.00	.80%
B-Medical, Inc. Wheel Chair	100.00	100.00	.11%
County of Los Angeles	69,946.00	24,904.00	27.71%
Net to Client	N/A	21,858.99	24.28%
Total	\$120,653.01	\$90,000.00	100.00%

Our financial investigation reveals that Mr. Racanelli is unemployed and is supported by relatives. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
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TRANSMITTAL NO. 63H
DATE: May 6, 2004

Amount of Aid	\$24,628.00	Account Number	10627278
Amount Paid	.00	Name	Zeledon, Alex
Balance Due	24,628.00	Service Date	10/21/01 to 10/29/01
Compromise Amount Offered	2,087.17	Facility	LAC USC Medical Center
Amount to be Written Off	\$22,540.83	Service Type	Inpatient/Outpatient

JUSTIFICATION

Mr. Zeledon was involved in an automobile versus automobile accident. He was treated at LAC USC Medical Center at a cost of \$24,628.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$7,500.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 3,000.00	\$3,000.00	40.00%
Attorney Cost	775.60	775.60	10.34%
West Covina Prime Medical Center	3,000.00	500.00	6.66%
County of Los Angeles	24,628.00	2,087.17	27.84%
Net to Client	N/A	1,137.23	15.16%
Total	\$31,403.60	\$7,500.00	100.00%

Our financial investigation reveals that Mr. Zeledon is unemployed and is supported by relatives. He has no other source of income or tangible assets.